

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L50637

1. Entity Name

GREAT BEGINNINGS PRESCHOOL, INC.



FILED

06 APR -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/05)

26

Principal Place of Business

%JUDY P LOCKE
1904 TALPECO RD
TALLAHASSEE FL 32303

Mailing Address

%JUDY P LOCKE
1904 TALPECO RD
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2995957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKE, JUDY P
1904 TALPECO ROAD
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LOCKE, JUDY P
STREET ADDRESS 3010 SETTING SUN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME LOCKE, DALE E
STREET ADDRESS 3010 SETTING SUN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete
NAME LOCKE, DALE JUSTIN
STREET ADDRESS 3010 SETTING SUN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete
NAME LOCKE, DANIEL RYAN
STREET ADDRESS 3010 SETTING SUN TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100072294781
04/27/06--01019--004 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy P. Locke Judy P. Locke President 4/03/06 850/562-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone